

**ACKNOWLEDGEMENT OF RECEIPT OF REQUEST**

1. EMPLOYEE NAME

2. EMPLOYEE'S OFFICIAL TITLE

3. DATE FORM COMPLETED
(MM/DD/YYYY)

The purpose of this form is to confirm that your request for Reasonable Accommodation or Personal Assistance Services was received and to provide information to you. If our information regarding your request is incorrect, please contact the RAC as soon as possible.

DECISION MAKING OFFICIAL (DMO) FOR THIS REQUEST

4. DMO NAME

5. DMO PHONE NUMBER

6. DMO EMAIL ADDRESS

7. DMO ALTERNATE NAME

8. DMO ALTERNATE PHONE NUMBER

9. DMO ALTERNATE ADDRESS

10. YOU REQUESTED THE FOLLOWING ACCOMMODATION(S)

11. THIS ACCOMODATION WILL ALLOW YOU TO *(Mark all that apply)*

- ☐ ACCESS THE APPLICATION/INTERVIEW PROCESS
- ☐ PERFORM ESSENTIAL JOB FUNCTIONS OR ACCESS THE WORK ENVIRONMENT
- ☐ ACCESS A BENEFIT OR PRIVILEGE OF EMPLOYMENT *(e.g., attend a training program or a social event)*

12. OUR RECORDS SHOW THAT THIS REQUEST

- ☐ IS TIME SENSITIVE, NOTIFY RAC IMMEDIATELY
- ☐ IS NOT TIME SENSITIVE

NEXT STEPS

The Reasonable Accommodation Coordinator (RAC) and DMO will meet with you to discuss your request and keep you informed of its progress. A decision regarding your request for accommodation should be made within thirty (30) business days of receipt of your request. This timeframe excludes time spent pending receipt of medical documentation which should only be sent to the RAC. If you have any questions, please contact either the DMO or the RAC assigned to your request for reasonable accommodation.

13. RAC NAME

14. RAC PHONE NUMBER

15. RAC EMAIL ADDRESS

*** When sending this form via electronic means, please ensure the file is encrypted to protect the requestor's PII & PHI information.

This form should be retained separately from the employee's Official Personnel Folder.